

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/631857</u>	FILING DATE					
							APPLICANT(S) <u>/</u>						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP							IND
1	1		1		1		51						
2				1		1	52						
3				1		1	53						
4				1		1	54						
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9				1		1	59						
10				1		1	60						
11		10		10		10	61						
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13		10		1		1	63						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	49		92		21		TOTAL IND.						
TOTAL DEP.	50		23		22		TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						